UCC FINANCING STATEMENT ARENG	MENT.		Recorder Vol M04 Linda Sm	Oregon, Count d 12/15/04 Pg <u>85_7/3</u> hith, County Cle 2/ ²² # of F	<u>₹:05 &</u> m erk
DUCC FINANCING STATEMENT AMENUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER (optional) Bee Archaphorn (214) 745-5400 for J. Holman B. SEND ACKNOWLEDGMENT TO: (Name and Address) Return acknowledgment to: Capitol Services, Inc. P.O. Box 1831 Austin TX 78767 800/345-4647		THE A	ABOVE SPACE IS	FOR FILING OFFICE	USE ONLY
43682 filed on 08.15.97 M97-26			TO be filed (fo	CING STATEMENT AMEN or record) (or recorded) in TE RECORDS.	the
TERMINATION: Effectiveness of the Financing Statement identifies CONTINUATION: Effectiveness of the Financing Statement identifies	ed above is terminated with	respect to security in	arcetic) of the Con-		
L_Ifor the additional period provided by applicable law.	ified above with respect to :	security interest(s) of t	ne Secured Party auth	orizing this Continuation 5	tatement is continued
4. ASSIGNMENT:(full or partial). Give name of assignee in item 7a 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Also check one of the following three boxes and provide appropriate in CHANGE name and/or address: Give current record name in item name (if name change) in item 7a or 7b and/or new address (if address CURRENT RECORD INFORMATION: 6a ORGANIZATION'S NAME Pacpizza Leasing C	Debtor or Secured Paraformation in items 6 and/or 8a or 6b; also give new dress change) in item 7c.		only one of these two to		m 7a or 7b and also ms 7d-7g (if applicable)
DR 66. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME		
CHANGED (NEW) OR ADDED INFORMATION:			MIDDE NAME		SUFFIX
7a. ORGANIZATION'S NAME		<u></u> .			
DR 75. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME		SUFFIX
7c, MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
7d. TAX ID#: SSN OR EIN ADD'L INFO RE 7e. TYPE OF OR	2GANIZATION	74 1110100107104			i
ORGANIZATION DEBTOR		J. JONISDICTION	OF ORGANIZATION	7g, ORGANIZATIONAL	L ID#, if any
AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateral deleted or added, or give entire res	stated collateral description,	or describe collateral	assigned.		<u> </u>
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A adds collateral or adds the authorizing Debtor, or if this is a Termination.	MENDMENT (name of assis	onor, if th <u>is is</u> an Assid	nment). If this is an A	mendment authorized by	- Nobbre which
9a. ORGANIZATION'S NAME	authorized by a Debtor, che	eck here and ente	r name of Debtor auth	orizing this Amendment.	a neprox Mulcu
JPMORGAN CHASE BANK PDL. INDIVIDUAL'S LAST NAME	FIRST NAME		AIDDLE NAME		
OPTIONAL FILER REFERENCE DATA			THE PARTIES.		SUFFIX
Klamath County, OD	134-10		Pac	Pizza Leasing Co.,	LLC, as Debtor
				· · · ·	-,

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